PTO/SB/17 (01/06)
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OPAP 489
FEB 0 3 2010 W

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

Complete if Known				
Application Number	10/591,556			
Filing Date	August 31, 2006			
First Named Inventor	Jun Li			
Examiner Name	Michael W. Chao			
Art Unit	2442			
Atterney Decirct No.	PU030221			

TOTAL AMOUNT O	F PAYMENT	(\$) \$180	.00	Attorney Docket No.	PU030221		<u> </u>
METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER: 24498							
☐ Check ☐ Cre	edit card [☐ Money Ord	der	■ None	Other (plea	ase identify):	
Deposit Account: Deposit Account Number 07-0832 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION	(All the fees	below are due	upon filing or	may be subject to	a surcharge.)		
1. BASIC FILING, SE	FILING F	EXAMINATION EES Small Entity		CH FEES Small Entity	EXAMINA	TION FEES Small En	tity
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES Fee Description Small Er						ntity Fee (\$)	
Each claim over 20 (inclu	dina Reissues	1				20 2741	25
Each independent claim over 3 (including Reissues)						100	
Multiple dependent claims 360				180			
Total Claims				nt Claims			
- 20 c	or HP = otal claims pai	x d for, if greater tha	n 20.		Fee	<u>= (\$)</u>	Fee Paid (\$)
Independent Claims	Ex	tra Claims x	Fee (\$)	Fee Paid (\$)			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sh	eets <u>Nu</u>	mber of each a	dditional 50 or fra	ction thereof	Fee (\$)	Fee Paid (\$)
- 100 =		/ 50 =	(rour	nd up to a whole nu	mber) x		_ =
4. OTHER FEE(S) Non-English Specifica	ition, \$130 fe	e (no small entit	y discount)				Fees Paid (\$)
	Other (e.g., late filing surcharge):INFORMATION DISCLOSURE STATEMENT FEE: \$180.00 \$180.00						

SUBMITTED BY	1				
Name (Print/Type)	ROBERT EL LEVY	Registration No. (Attorney/Agent)	28,234	Telephone	(609) 734-6820
Signature					February 1, 2010

This collection of information is required by 37 FFF 1.135. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 C/R 1/57 his collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the infinituations of individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademan Office, U.S. Patent and Trad

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TOTAL AMOUNT OF PAYMENT (\$) \$180.00	Attorney Docket No.	PU030221	

METHOD OF PAYMENT	(check all that a	apply) CUST	OMER NUMI	BER: 24498				
☐ Check ☐ C	redit card	☐ Money (Order	☐ None		Other (please id	entify):	~
Deposit Account: Deposit Account Number 07-0832 Deposit Account Name: THOMSON LICENSING LLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
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1. BASIC FILING, S	EARCH, ANI FILING		SEAR	CH FEES Small Ent	<u>ity</u>	EXAMINATION	FEES Small E	ntity
Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fe	e (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	2	00	100	
Design	200	100	100	50	1	30	65	
Plant	200	100	300	150	1	60	80	
Reissue	300	150	500	250	6	00	300	
Provisional	200	100	0	0		0	0	
HP = highest number of Independent Claims	or HP = independent of the state of the stat	ing Reissues) xtra Claims aid for, if greater to the control of	Fee (\$) x greater than 3. eets of paper (exc ze fee due is \$25	0 (\$125 for sma	cally filed s	Fee (\$)		Fee (\$) 25 100 180
sheets or fraction the <u>Total Sheets</u>	reof. See 35 Extra Sh	U.S.C. 41(a)(1)(G) and 37 CFR lumber of each	1.16(s).			Fee (\$)	Fee Paid (\$)
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4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing				RE STATEME	NT FEE:	\$180.00		\$180.00
SUBMITTED BY		1						
Name (Print/Tyne)	ROBERT	B I FVY	Registration No.	28	234	Tologh	(600)	734-6820

SUBMITTED BY					
Name (Print/Type)	ROBERT BLEVY	Registration No. (Attorney/Agent)	28,234	Telephone	(609) 734-6820
Signature					February 1, 2010

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